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Term	Documents
PSMA.USPT,PGPB.	60
PSMAS	0
PROSTATE.USPT,PGPB.	7656
PROSTATES.USPT,PGPB.	325
SPECIFIC.USPT,PGPB.	1115903
SPECIFICS.USPT,PGPB.	9923
MEMBRANE.USPT,PGPB.	122123
MEMBRANES.USPT,PGPB.	61294
ANTIGEN.USPT,PGPB.	32729
ANTIGENS.USPT,PGPB.	21747
(PSMA OR (PROSTATE ADJ SPECIFIC ADJ MEMBRANE ADJ ANTIGEN)).CLM..USPT,PGPB.	17

Database:
US Patents Full-Text Database
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JPO Abstracts Database
EPO Abstracts Database
Derwent World Patents Index
IBM Technical Disclosure Bulletins

Refine Search: (psma or prostate adj specific adj membrane adj antigen).clm. Clear

Search History

Today's Date: 6/26/2001

DB Name	Query	Hit Count	Set Name
USPT,PGPB	(psma or prostate adj specific adj membrane adj antigen).clm.	17	L1

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***Extel New Card from Primark (File 501)
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***Kompa Aia/Pacific (File 592)
***Kompa Central/Eatern Erope (File 593)
***Kompa Canada (File 594)

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information.

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File   1:ERIC  1966-2001/Jun 05
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? set hi ;set hi

       26jun01 10:41:53 User208760 Session D1868.1
            $0.41    0.118 DialUnits File1
     $0.41  Estimated cost File1
     $0.05  TYMNET
     $0.46  Estimated cost this search
     $0.46  Estimated total session cost   0.118 DialUnits

File 410:Chronolog(R)  1981-2001/May
       (c) 2001 The Dialog Corporation

      Set  Items  Description
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HILIGHT set on as ''
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       26jun01 10:42:49 User208760 Session D1868.2
            $0.00    0.057 DialUnits File410
     $0.00  Estimated cost File410
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      $0.05  TYMNET
      $0.05  Estimated cost this search
      $0.51  Estimated total session cost   0.175 DialUnits

SYSTEM:OS  - DIALOG OneSearch
  File   5:Biosis Previews(R)  1969-2001/Jun W3
         (c) 2001 BIOSIS
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         (c) 2001 Elsevier Science B.V.
*File  73: For information about Explode feature please
see Help News73.
  File 155:MEDLINE(R)  1966-2001/Jun W4
         (c) format only 2001 Dialog Corporation
*File 155: This file has been reloaded. Accession numbers have changed.
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  File 399:CA SEARCH(R)  1967-2001/UD=13426
         (c) 2001 AMERICAN CHEMICAL SOCIETY
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? s (psma or prostate(w)specific(w)membrane(w)antigen) and (vaccin?)

Processing
             427  PSMA
          156086  PROSTATE
         2423541  SPECIFIC
         1621037  MEMBRANE
          998697  ANTIGEN
             731  PROSTATE(W)SPECIFIC(W)MEMBRANE(W)ANTIGEN
          323591  VACCIN?
      S1      63  (PSMA OR PROSTATE(W)SPECIFIC(W)MEMBRANE(W)ANTIGEN) AND
                  (VACCIN?)
? rd s1

...examined 50 records  (50)
...completed examining records
      S2      48  RD S1 (unique items)
? t s2/7/all


 2/7/1     (Item 1 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
(c) 2001 BIOSIS. All rts. reserv.

12705092   BIOSIS NO.: 200000458594
Development of dendritic-cell based prostate cancer vaccine.
AUTHOR: Tjoa Benjamin A(a); Murphy Gerald P
AUTHOR ADDRESS: (a)Pacific Northwest Cancer Foundation, 13758 Lake City Way
  NE, Suite 200, Seattle, WA, 98125**USA
JOURNAL: Immunology Letters  74 (1):p87-93 September 15, 2000
MEDIUM: print
ISSN: 0165-2478
DOCUMENT TYPE: Literature Review
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT: Available treatments for metastatic prostate cancer have failed
  to demonstrate significant curative potential. Current efforts are now
  directed towards developments of novel strategies for the treatment of
  metastatic prostate cancer. Cancer immunotherapeutic strategies utilize
  patient immune system components to kill cancer cells. This review
  discusses progress in active specific immunotherapeutic approaches as
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potential alternative methods in the treatment of metastatic prostate cancer. One of the newest advances in cancer immunotherapy is the use of dendritic cells as the vehicle to deliver cancer antigens for an effective in vivo T cell activation. The development of dendritic cell-based prostate cancer **vaccine**, as well as results of several clinical trials in prostate cancer involving the administration of peptide-pulsed autologous dendritic cell pulsed are discussed.

2/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12704771 BIOSIS NO.: 200000458273
The dendritic cell and human cancer **vaccines**.
AUTHOR: Dallal Ramsey M(a); Lotze Michael T
AUTHOR ADDRESS: (a)Department of Surgery, Division of Surgical Oncology, University of Pittsburgh Medical Center, 200 North Lothrop Street, 677 Scaife Hall, Pittsburgh, PA, 15261**USA
JOURNAL: Current Opinion in Immunology 12 (5):p583-588 October, 2000
MEDIUM: print
ISSN: 0952-7915
DOCUMENT TYPE: Literature Review
RECORD TYPE: Citation
LANGUAGE: English
SUMMARY LANGUAGE: English

2/7/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12703508 BIOSIS NO.: 200000457010
A phase I clinical trial consisting of dendritic cells and recombinant, human **prostate-specific membrane antigen** (rhPSMA) protein.
AUTHOR: Salgaller M L(a); Elgamal A A(a); Lodge P A(a); Shankar G(a); Bowes V A(a); Bader R R(a); Kelley H J(a); Boynton A L(a)
AUTHOR ADDRESS: (a)Northwest Biotherapeutics, Inc., Seattle, WA**USA
JOURNAL: Journal of Immunotherapy 23 (5):p607 September-October, 2000
MEDIUM: print
CONFERENCE/MEETING: 15th Annual Scientific Meeting of the Society for Biological Therapy Seattle, Washington, USA October 26-29, 2000
SPONSOR: Society for Biological Therapy
RECORD TYPE: Citation
LANGUAGE: English
SUMMARY LANGUAGE: English

2/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12618473 BIOSIS NO.: 200000371975
Naked DNA and adenoviral immunizations for immunotherapy of prostate cancer: A phase I/II clinical trial.
AUTHOR: Mincheff Milcho(a); Tchakarov Stoyan; Zoubak Serguei; Loukinov Dmitri; Botev Chavdar; Altankova Iskra; Georgiev Georgi; Petrov Stefan; Meryman Harold T
AUTHOR ADDRESS: (a)Biomedical Research Institute, 12111 Parklawn Drive, Rockville, MD, 20852**USA
JOURNAL: European Urology 38 (2):p208-217 Augusr, 2000
MEDIUM: print
ISSN: 0302-2838
DOCUMENT TYPE: Article

RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT: Introduction and Objectives: Animal studies have indicated that the use of syngeneic dendritic cells that have been transfected ex vivo with DNA for tumor-specific antigen results in tumor regression and decreased number of metastases. Additional studies have also suggested the possibility to modulate the dendritic cells in vivo either by 'naked' DNA immunization or by injecting replication-deficient viral vectors that carry the tumor-specific DNA. Using the **prostate-specific membrane antigen** (**PSMA**) as a target molecule, we have initiated a clinical trial for immunotherapy of prostate cancer. The primary objective of the study was to determine the safety of the **PSMA vaccine** after repeated intradermal injections. Methods: We have included the extracellular human **PSMA** DNA as well as the human CD86 DNA into separate expression vectors (**PSMA** and CD86 plasmids), and into a combined **PSMA**/CD86 plasmid. In addition, the expression cassette from the **PSMA** plasmid was inserted into a replication deficient adenoviral expression vector. Twenty-six patients with prostate cancer were entered into a phase I/II toxicity-dose escalation study, which was initiated in spring 1998. Immunizations were performed intradermally at weekly intervals. Doses of DNA between 100 and 800 mug and of recombinant virus at 5X108 PFUs per application were used. Results and Conclusion: No immediate or long-term side effects following immunizations have been recorded. All patients who received initial inoculation with the viral vector followed by **PSMA** plasmid boosts showed signs of immunization as evidenced by the development of a delayed-type hypersensitivity reaction after the **PSMA** plasmid injection. In contrast, of the patients who received a **PSMA** plasmid and CD86 plasmid, only 50% showed signs of successful immunization. Of the patients who received **PSMA** plasmid and soluble GM-CSF, 67% were immunized. However, all patients who received the **PSMA**/CD86 plasmid and sGM-CSF became immunized. The patients who did not immunize during the first round were later successfully immunized after a boost with the viral vector. The heterogeneity of the medical status and the presence in many patients of concomitant hormone therapy does not permit unequivocal interpretation of the data with respect to the effectiveness of the therapy. However, several responders, as evidenced by a change in the local disease, distant metastases, and PSA levels, can be identified. A phase II clinical study to evaluate the effectiveness of the therapy is currently underway.

2/7/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12541217 BIOSIS NO.: 200000294719
Expression of prostate specific molecules in BCG: A potential immunotherapeutic **vaccine**.
AUTHOR: Zeoli Christin; Maitland Michael; Bloom Barry; Rose Herbert; Mittelman Abraham; Geliebter Jan
AUTHOR ADDRESS: (a)Albert Einstein Coll of Medicine, Bronx, NY**USA
JOURNAL: Proceedings of the American Association for Cancer Research Annual Meeting (41):p875 March, 2000
MEDIUM: print.
CONFERENCE/MEETING: 91st Annual Meeting of the American Association for Cancer Research. San Francisco, California, USA April 01-05, 2000
ISSN: 0197-016X
RECORD TYPE: Citation
LANGUAGE: English
SUMMARY LANGUAGE: English

2/7/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12532209 BIOSIS NO.: 200000285711
Assessing the immune status of prostate cancer patients infused with dendritic cells expressing **PSMA**-derived peptides.
AUTHOR: Salgaller M L; Jones L A; Lodge P A; Kelley H J; Bader R R; Boynton A L; Murphy G P
AUTHOR ADDRESS: (a)Northwest Biotherapeutics, Inc., Seattle, WA, 98125**USA
JOURNAL: Immunological Investigations 29 (2):p195 May, 2000
MEDIUM: print.
CONFERENCE/MEETING: Fourteenth International Convocation on Immunology. Buffalo, New York, USA October 08-11, 1999
ISSN: 0882-0139
RECORD TYPE: Citation
LANGUAGE: English
SUMMARY LANGUAGE: English

2/7/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12491483 BIOSIS NO.: 200000244985
Development of **PSMA**-based immunotherapies for prostate cancer.
AUTHOR: Donovan Gerald P(a); Morrissey Donna M; Olson William C; Heston Warren D W; Israel Robert J
AUTHOR ADDRESS: (a)Progenics Pharmaceuticals, Inc, Tarrytown, NY**USA
JOURNAL: Proceedings of the American Association for Cancer Research Annual Meeting (41):p288 March, 2000
CONFERENCE/MEETING: 91st Annual Meeting of the American Association for Cancer Research. San Francisco, California, USA April 01-05, 2000
ISSN: 0197-016X
RECORD TYPE: Citation
LANGUAGE: English
SUMMARY LANGUAGE: English

2/7/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12076180 BIOSIS NO.: 199900371029
Vaccine therapy for prostate cancer.
AUTHOR: Tjoa Benjamin A(a); Elgamal Abdel-Aziz A; Murphy Gerald P
AUTHOR ADDRESS: (a)Cancer Research Division, Pacific Northwest Cancer Foundation, Northwest Hospital, 120 Northgate**USA
JOURNAL: Urologic Clinics of North America 26 (2):p365-374 May, 1999
ISSN: 0094-0143
DOCUMENT TYPE: Literature Review
RECORD TYPE: Citation
LANGUAGE: English

2/7/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12043018 BIOSIS NO.: 199900323537
Follow-up evaluation of a phase II prostate cancer **vaccine** trial.
AUTHOR: Tjoa B A(a); Simmons S J; Elgamal A; Rogers M; Ragde H; Kenny G M; Troychak M J; Boynton A L; Murphy G P
AUTHOR ADDRESS: (a)Pacific Northwest Cancer Foundation, Northwest Hospital, 120 Northgate Plaza, Suite 205, Seattle**USA

JOURNAL: Prostate 40 (2):p125-129 July 1, 1999
ISSN: 0270-4137
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT: BACKGROUND. A phase II trial, involving infusions of autologous dendritic cells (DC) and two human histocompatibility antigen (HLA-A2)-specific **prostate-specific membrane antigen** (**PSMA**) peptides, was recently completed. Thirty percent of the participants, including subjects with hormone-refractory metastastic disease, and those with suspected local recurrence of prostate cancer, were identified as clinical responders. This report describes the follow-up evaluation of 19 responders in the two study groups. METHODS. After conclusion of the study, study participants were subjected to follow-up evaluations at 6-8-week intervals. Each responder was reevaluated for response status, and duration of response was determined. RESULTS. Subjects were observed for an average of 291 days (metastastic group, group A-2) and 557 days (local recurrence group, group B), which included the treatment and follow-up periods. The average duration of response was 149 days for group A-2, and 187 days for groupB. A majority of responders (11/19; 58%) were still responsive at the end of the current follow-up. CONCLUSIONS. The responses observed may be significant and relatively durable. This study suggests that DC-based cancer **vaccines** in the future may provide an additional therapy for advanced prostate cancer.

2/7/10 (Item 10 from file: 5)

12023229 BIOSIS NO.: 199900303748
GM-CSF as a systemic adjuvant in a phase II prostate cancer **vaccine** trial.
AUTHOR: Simmons S J; Tjoa B A; Rogers M; Elgamal A; Kenny G M; Ragde H; Troychak M J; Boynton A L; Murphy G P(a)
AUTHOR ADDRESS: (a)Pacific Northwest Cancer Foundation, Northwest Hospital, 120 Northgate Plaza, Suite 205, Seattle**USA
JOURNAL: Prostate 39 (4):p291-297 June, 1999
ISSN: 0270-4137
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT: BACKGROUND. Recombinant human granulocyte-macrophage colony-stimulating factor (GM-CSF; Leukine(R) (sargramostim), Immunex Corp., Seattle, WA) was administered to a subgroup of 44 patients in a phase II clinical trial for prostate cancer using DC pulsed with HLA-A2-specific **prostate-specific membrane antigen** (**PSMA**) peptides. Our purpose was to determine if GM-CSF caused any enhancement of patients' immune responses, including enhancement of clinical response to the DC-peptide treatment. This report compares the clinical responses to DC-peptide infusions with and without systemic GM-CSF treatment. METHODS. GM-CSF was administered by subcutaneous injection at a dose of 75 mug/m2/day for 7 days with each of six infusion cycles. Prefilled syringes were supplied to the patients for self-administration. RESULTS. One complete and 8 partial responders were identified among 44 patients who received GM-CSF, as compared to 2 complete and 17 partial responders among 51 patients who did not receive GM-CSF. For patients who received GM-CSF and were tested by delayed-type hypersensitivity (DTH) skin test, 3 cases of improved immune response were identified, compared to 5 cases of improvement in patients who did

not receive GM-CSF. The main GM-CSF side effects reported were local reactions at the site of injection, fatigue, pain, and fever. Most reported side effects were of mild severity, with some cases of moderate severity leading to discontinuation of GM-CSF. CONCLUSIONS. Our results suggest GM-CSF as employed in this trial did not detectably enhance clinical response to DC-peptide infusions, or significantly enhance the measured immune response.

2/7/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

11961089 BIOSIS NO.: 199900207198
Phase II prostate cancer **vaccine** trial: Report of a study involving 37 patients with disease recurrence following primary treatment.
AUTHOR: Murphy G P(a); Tjoa B A; Simmons S J; Ragde H; Rogers M; Elgamal A; Kenny G M; Troychak M J; Salgaller M L; Boynton A L
AUTHOR ADDRESS: (a)Pacific Northwest Cancer Foundation, Northwest Hospital, 120 Northgate Plaza, Suite 205, Seattle**USA
JOURNAL: Prostate 39 (1):p54-59 April, 1999
ISSN: 0270-4137
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT: BACKGROUND. A phase II trial was conducted to assess the efficacy of infusions of dendritic cells (DC) and two HLA-A2-specific **prostate-specific membrane antigen** (**PSMA**) peptides (PSM-P1 and -P2). This report describes the evaluation of 37 subjects admitted with presumed local recurrence of prostate cancer after primary treatment failure. METHODS. All subjects received six infusions of DC pulsed with PSM-P1 and -P2 at 6-week intervals. Clinical monitoring was conducted pre-, during, and post-phase II study. Data included: complete blood count, bone and total alkaline phosphatase, prostate markers, physical examination, performance status, bone scan, ProstaScint(R) scan, and chest X-ray, as well as other assays to monitor cellular and humoral immune responses. RESULTS. One complete and 10 partial responders were identified from this group based on National Prostate Cancer Project criteria, or on a 50% reduction of prostate-specific antigen (PSA), or on a significant resolution in lesions (biopsy-proven when possible) on ProstaScint(R) scan. CONCLUSIONS. About 30% of study participants in this group showed a positive response at the conclusion of the trial. This study suggests that DC-based cancer **vaccines** may provide an alternative therapy for prostate cancer patients whose primary treatment failed.

2/7/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

11952565 BIOSIS NO.: 199900198674
OncoVax-PTM **vaccine** for prostate cancer induces immune responses to prostate specific antigen in prostate cancer patients.
AUTHOR: Matyas G R(a); Harris D T; Muderhwa J M; Alving C R; Spitler L E
AUTHOR ADDRESS: (a)Walter Reed Army Inst. Res., Washington, DC 20307**USA
JOURNAL: Proceedings of the American Association for Cancer Research Annual Meeting 40p576-577 March, 1999
CONFERENCE/MEETING: 90th Annual Meeting of the American Association for Cancer Research Philadelphia, Pennsylvania, USA April 10-14, 1999
SPONSOR: American Association for Cancer Research
ISSN: 0197-016X
RECORD TYPE: Citation

LANGUAGE: English

2/7/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

11952563 BIOSIS NO.: 199900198672
Monitoring the immune reactivity of prostate cancer patients **vaccinated** with dendritic cells expressing **prostate-specific membrane antigen** (**PSMA**) peptides during a phase II clinical trial.
AUTHOR: Salgaller M L(a); Lodge P A; Bader R R; Kelley H J; Monahan S J; Zhou Y; McLean J G; Boynton A L; Murphy G P
AUTHOR ADDRESS: (a)Northwest Biotherapeutics, Seattle, WA 98125**USA
JOURNAL: Proceedings of the American Association for Cancer Research Annual Meeting 40p576 March, 1999
CONFERENCE/MEETING: 90th Annual Meeting of the American Association for Cancer Research Philadelphia, Pennsylvania, USA April 10-14, 1999
SPONSOR: American Association for Cancer Research
ISSN: 0197-016X
RECORD TYPE: Citation
LANGUAGE: English

2/7/14 (Item 14 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

11815954 BIOSIS NO.: 199900062063
Infusion of dendritic cells pulsed with HLA-A2-specific **prostate-specific membrane antigen** peptides: A phase II prostate cancer **vaccine** trial involving patients with hormone-refractory metastatic disease.
AUTHOR: Murphy G P(a); Tjoa B A; Simmons S J; Jarisch J; Bowes V A; Ragde H ; Rogers M; Elgamal A; Kenny G M; Cobb O E; Ireton R C; Troychak M J; Salgaller M L; Boynton A L
AUTHOR ADDRESS: (a)Pacific Northwest Cancer Found., Northwest Hosp., 120 Northgate Plaza, Suite 205, Seattle, WA 98**USA
JOURNAL: Prostate 38 (1):p73-78 Jan. 1, 1999
ISSN: 0270-4137
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: BACKGROUND. A phase II trial was conducted to assess the efficacy of infusions of dendritic cells (DC) and two HLA-A2-specific **PSMA** peptides (PSM-P1 and -P2). This report describes thirty three subjects with hormone-refractory metastatic prostate cancer without prior **vaccine** therapy history who were evaluated and reported as a group. METHODS. All subjects received six infusions of DC pulsed with PSM-P1 and -P2 at six week intervals. Clinical monitoring was conducted pre-, during, and post- phase II study. Data collected include: complete blood count, bone and total alkaline phosphatase, prostate markers, physical examination, performance status, bone scan, ProstaScint(R) scan, chest x-ray, as well as assays to monitor cellular immune responses. RESULTS. Six partial and two complete responders were identified in the phase II study based on NPCP criteria, plus 50% reduction of prostate-specific antigen (PSA), or resolution in previously measurable lesions on ProstaScint(R) scan. CONCLUSIONS. Over 30% of study participants in this group showed a positive response at the conclusion of the trial. This study suggested that DC-based cancer **vaccines** may provide an alternative therapy for prostate cancer patients whose disease no longer responds to hormone therapy.

2/7/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

10910956 BIOSIS NO.: 199799532101
Expression of PSA in recombinant BCG: Potential for immunotherapy of prostate cancer.
AUTHOR: Geliebter J(a); Werber J; Mazzaccaro R; Mish B; Bloom B; Nathenson S G
AUTHOR ADDRESS: (a)N.Y. Med. Coll., Valhalla, NY 10595**USA
JOURNAL: Proceedings of the American Association for Cancer Research Annual Meeting 38 (0):p403 1997
CONFERENCE/MEETING: Eighty-eighth Annual Meeting of the American Association for Cancer Research San Diego, California, USA April 12-16, 1997
ISSN: 0197-016X
RECORD TYPE: Citation
LANGUAGE: English

2/7/16 (Item 16 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

10227661 BIOSIS NO.: 199698682579
Presentation of prostate tumor antigens by dendritic cells stimulates T-cell proliferation and cytotoxicity.
AUTHOR: Tjoa Benjamin(a); Boynton Alton; Kenny Gerald; Ragde Haakon; Misrock S Leslie; Murphy Gerald
AUTHOR ADDRESS: (a)Pacific Northwest Cancer Foundation, Northwest Hospital, 120 Northgate Plaza, Suite 205, Seattle**USA
JOURNAL: Prostate 28 (1):p65-69 1996
ISSN: 0270-4137
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Dendritic cells (DCs) are "professional" antigen-presenting cells capable of stimulating T-cell proliferation and cytotoxicity when loaded with and presenting specific antigens, including tumor antigens. We demonstrated the stimulation of an autologous cytotoxic T-cell response elicited by DC loaded with autologous tumor cell lysate derived from primary prostate tumor. A candidate tumor antigen is **prostate-specific membrane antigen** (**PSMA**), which is overexpressed in prostate cancer patients. We identified a HLA-A2 motif in **PSMA**, isolated patient DC, loaded peptide into DC, and stimulated autologous T cells to proliferate. The ability to use DC for presentation of either tumor or peptide antigen in an HLA-restricted fashion in order to stimulate T-cell proliferation and cytotoxicity demonstrates the potential of this technology for development of a prostate cancer **vaccine**.

2/7/17 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

11174326 EMBASE No: 2001188452
Dendritic cells for specific cancer immunotherapy
Meidenbauer N.; Andreesen R.; Mackensen A.
A. Mackensen, Department of Hematology/Oncology, University of Regensburg, D-93042 Regensburg Germany
Biological Chemistry (BIOL. CHEM.) (Germany) 2001, 382/4 (507-520)
CODEN: BICHF ISSN: 1431-6730

DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 161

The characterization of tumor-associated antigens recognized by human T lymphocytes in a major histocompatibility complex (MHC)-restricted fashion has opened new possibilities for immunotherapeutic approaches to the treatment of human cancers. Dendritic cells (DC) are professional antigen presenting cells that are well suited to activate T cells toward various antigens, such as tumor-associated antigens, due to their potent constimulatory activity. The availability of large numbers of DC, generated either from hematopoietic progenitor cells or monocytes in vitro or isolated from peripheral blood, has profoundly changed pre-clinical research as well as the clinical evaluation of these cells. Accordingly, appropriately pulsed or transfected DC may be used for **vaccination** in the field of infectious diseases or tumor immunotherapy to induce antigen-specific T cell responses. These observations led to pilot clinical trials of DC **vaccination** for patients with cancer in order to investigate the feasibility, safety, as well as the immunologic and clinical effects of this approach. Initial clinical studies of human DC **vaccines** are generating encouraging preliminary results demonstrating induction of tumor-specific immune responses and tumor regression. Nevertheless, much work is still needed to address several variables that are critical for optimizing this approach and to determine the role of DC-based **vaccines** in tumor immunotherapy.

2/7/18 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

11106485 EMBASE No: 2001127868
Cancer drugs in pipeline span wide spectrum
McCann J.
Journal of the National Cancer Institute (J. NATL. CANCER INST.) (United Kingdom) 21 MAR 2001, 93/6 (424-426)
CODEN: JNCIA ISSN: 0027-8874
DOCUMENT TYPE: Journal ; Note
LANGUAGE: ENGLISH

2/7/19 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

11077103 EMBASE No: 2001091338
Dendritic cell **vaccination** for cancer therapy
Nestle F.O.
F.O. Nestle, Department of Dermatology, University of Zurich Medical School, Gloriastrasse 31, 8091 Zurich Switzerland
Oncogene (ONCOGENE) (United Kingdom) 27 DEC 2000, 19/56 (6673-6679)
CODEN: ONCNE ISSN: 0950-9232
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 53

A growing list of defined tumor-antigens opens the way to antigen specific immunotherapy of cancer. However current approaches are often limited in their potential to induce an effective anti-tumor response. Dendritic cells (DC) are natural adjuvants for the induction of antigen specific T cell response. They have been successfully used in clinical pilot trials to induce tumor specific immunity as well as clinical response in selected patients. Current research focuses on optimization of DC source, choice of antigen, antigen loading, mode of injection, as well as immuno-monitoring. Finally, a variety of immune escape mechanisms are

operative at the tumor site and have to be overcome for successful **vaccination**.

2/7/20 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE

10992680 EMBASE No: 2001034092
What's hot in the prostate?
Belldegrun A.
AUTHOR EMAIL: tprinz@urology.medsch.edu
Prostate Cancer and Prostatic Diseases (PROSTATE CANCER PROSTATIC DIS.) (United Kingdom) 2000, 3/4 (213-216)
CODEN: PCPDF ISSN: 1365-7852
DOCUMENT TYPE: Journal ; Editorial
LANGUAGE: ENGLISH

2/7/21 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE

10888199 EMBASE No: 2000341610
Clinical trials of immunotherapy for advanced prostate cancer
Kuratsukuri K.; Nishisaka N.; Jones R.F.; Wang C.Y.; Haas G.P.
Dr. G.P. Haas, Department of Urology, SUNY Upstate Medical University, VA Medical Center, 750 E. Adams St., Syracuse, NY 13210 United States
Urologic Oncology (UROL. ONCOL.) (United States) 2000, 5/6 (265-273)
CODEN: URONE ISSN: 1078-1439
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There is a lack of effective therapeutic regimens for advanced hormone-refractory prostate cancer (HRPC). Recent combination regimens of chemotherapy have improved management of HRPC. Neither systemic chemotherapy nor radiation regimens have significantly improved survival. Conventional systemic cytokine therapy has had limited efficacy in the treatment of advanced prostate cancer patients and its toxicity is severe. Combinations of multiple biological response modifiers for treatment of this disease also have limited efficacy. Results from phase II trials have shown that the combination of interferon-alpha and interleukin-2 therapy and the infusion of dendritic cells primed with peptides of **prostate specific membrane antigen** are promising. The former showed 31% response using the National Prostatic Cancer Project criteria, and the latter showed 27% of objective partial response with a reduction of >50% prostate specific antigen level. The toxicity of these two regimens was tolerated by patients. New approaches with tumor **vaccines** in conjunction with cytokine gene therapy have also been investigated. The clinical responses of these trials have been limited but promising. Immunotherapy may become an effective modality of prostate cancer treatment in the future. (C) 2000 Elsevier Science Inc.

2/7/22 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE

10717621 EMBASE No: 2000205829
Target antigens for prostate cancer immunotherapy
D.C. Saffran, UroGenesys, Inc., 1701 Colorado Ave., Santa Monica, CA 90404
Cancer and Metastasis Reviews (CANCER METASTASIS REV.) (Netherlands)

1999, 18/4 (437-449)
CODEN: CMRED ISSN: 0167-7659
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 103

The detection and treatment of prostate cancer has been markedly improved by the use of Prostate-Specific Antigen (PSA) as a serological biomarker for disease. However, even after surgical intervention and hormone ablation therapy, a significant proportion of patients progress to advanced metastatic disease, for which there is no cure. An important goal has become the identification of antigens in advanced stage prostate cancer that represent targets for therapy. Recently, great progress has been made to utilize immunological therapies to treat cancer. Monoclonal antibody therapy has been successfully approved for the treatment of breast cancer and B-cell lymphoma, and multiple clinical trails are currently in progress in a variety of cancers, including prostate cancer. Pre-clinical and clinical studies are also underway to evaluate cancer **vaccine** approaches directed against antigens that are highly expressed in prostate and other cancers. This article describes several target antigens expressed in prostate cancer and immunological approaches directed against them that may be effective for treating prostate cancer patients.

2/7/23 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE

10627939 EMBASE No: 2000094264
Immune monitoring of cancer patients undergoing experimental immunotherapy
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Current Opinion in Molecular Therapeutics (CURR. OPIN. MOL. THER.) (United Kingdom) 2000, 2/1 (66-73)
CODEN: CUOTF ISSN: 1464-8431
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 62

Advancements in tile understanding of cellular immunity within the last decade, along with the characterization of tumor antigens, have led to immunotherapeutic approaches for cancer therapy. This mode of treatment is expected to provide more tumor-specific activity, thereby being less toxic to normal cells than standard modalities. Clinical trials are underway throughout the world to determine whether immunotherapy is a practical and viable alternative to conventional cancer therapies. Unlike radiotherapy and chemotherapy, wherein tumor regression is the standard for determining efficacy of the regimens, immunotherapy has to be evaluated by the examination of several immunological parameters within patients. The purpose of this article is to review the methods currently utilized to evaluate the induction, maintenance, and duration of antitumor immune reactivity in cancer patients undergoing immunotherapy.

2/7/24 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE

10559806 EMBASE No: 2000024601
Progress in active specific immunotherapy of prostate cancer
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AUTHOR EMAIL: benhenry@nwbio.org
Seminars in Surgical Oncology (SEMIN. SURG. ONCOL.) (United States) 2000, 18/1 (80-87)
CODEN: SSONE ISSN: 8756-0437
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 79

Treatments available for metastatic prostate cancer have failed to demonstrate significant curative potential. Current efforts are now directed towards developments of novel strategies for the treatment of metastatic prostate Cancer. Cancer immunotherapeutic strategies utilize patient immune system components to kill cancer cells. This review discusses progress in active specific immunotherapeutic approaches as potential alternative methods in the treatment of metastatic prostate cancer. Various methods of augmenting the immune response against prostate cancer are discussed including systemic cytokine adjuvant therapy, cytokine gene transduced tumor **vaccines**, non- antigen specific immunization, DNA and peptide **vaccines** plus adjuvants, as well as dendritic cell-based cancer **vaccines**.

2/7/25 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE

10546466 EMBASE No: 2000012343
Treatment of advanced prostate cancer: The **vaccine** approach
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Dr. P.F.A. Mulders, Department of Urology, University Hospital, PO Box 9101, 6500 HB, Nijmegen Netherlands
Scandinavian Journal of Urology and Nephrology, Supplement (SCAND. J. UROL. NEPHROL. SUPPL.) (Norway) 1999, 33/203 (41-43)
CODEN: SJUNB ISSN: 0300-8886
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 7

2/7/26 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE

07689477 EMBASE No: 1999173619
Changes in gene expression and targets for therapy
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European Urology (EUR. UROL.) (Switzerland) 1999, 35/5-6 (408-412)
CODEN: EUURA ISSN: 0302-2838
DOCUMENT TYPE: Journal; Conference Paper
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 28

A better understanding of the molecular changes associated with the onset and progression of prostate cancer may provide us with a rational basis for the development of new diagnostic and therapeutic tools. Likewise, the recent identification of critical biochemical pathways, including angiogenesis, programmed cell death, cell adhesion and signal transduction, provide us with promising targets for therapeutic approaches. Furthermore, the identification and characterization of new tumor-specific antigens or prostate-cancer-specific gene promoters could be instrumental for the development of new treatment modalities. Many research groups are trying to

identify genes that are involved in prostate cancer development and which may serve as new tumor markers and potential targets for therapy. In addition to prostate-specific antigen, **prostate-specific membrane antigen** and human kallikrein-2, the recently identified prostate stem cell antigen may also provide us with a new tool for the diagnosis and treatment of prostate cancer. Our own studies led to the identification of DD3, a gene that is strongly overexpressed in human prostatic cancers and the expression of which appears to be restricted to the prostate. Further studies are necessary to establish the clinical usefulness of these new prostate-cancer-specific genes for the management of prostate cancer patients.

2/7/27 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE

07186971 EMBASE No: 1998076809
Immunological approaches for the treatment of prostate cancer
Slovin S.F.; Kelly K.; Scher H.I.
Dr. S.F. Slovin, 1275 York Ave, New York, NY 10021 United States
Seminars in Urologic Oncology (SEMIN. UROL. ONCOL.) (United States)
1998, 16/1 (53-59)
CODEN: SUONF ISSN: 1081-0943
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 50

Conventional therapies for patients with early-stage relapsed prostate cancer often do not provide an acceptable quality of life. These patients often have increasing PSAs as the sole manifestation of their disease recurrence and represent a unique subgroup of patients for whom alternative treatment strategies are needed. The patients are asymptomatic and may be an appropriate population for targeted immunological approaches. **Vaccine** therapies, based on synthetically constructed, naturally occurring prostate- associated antigens or genetically modified immune cells, offer exciting new approaches toward treating this disease with resulting antitumor effects and minimal toxicities. The results of clinical trials using these technologies reinforces the use of immunological approaches for the treatment of prostate cancer.

2/7/28 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE

07102382 EMBASE No: 1997384246
Dendritic cell-based immunotherapy of prostate cancer
Salgaller M.L.; Tjoa B.A.; Lodge P.A.; Ragde H.; Kenny G.; Boynton A.; Murphy G.P.; Sc D.
Dr. M.L. Salgaller, Pacific Northwest Cancer Foundation, Northwest Hospital, 120 Northgate Plaza, Seattle, WA 98125 United States
Critical Reviews in Immunology (CRIT. REV. IMMUNOL.) (United States)
1997, 18/1-2 (109-119)
CODEN: CCRID ISSN: 1040-8401
DOCUMENT TYPE: Journal; Conference Paper
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 44

The immunotherapy of cancer, based on eliciting or enhancing the body's own capacity to mount an effective antitumor response, has produced encouraging early results in the areas of melanoma and renal-cell carcinoma. Such treatments utilizing dendritic cells (DC), immune cells that are excellent antigen presenters, are especially promising. We performed a phase I clinical trial assessing the administration of

autologous DC pulsed with HLA-A0201-specific **prostate-specific membrane antigen (PSMA)** for the treatment of 51 men with hormone-refractory prostate cancer. Participants were divided into five groups receiving four or five infusions of peptides alone (PSM-P1 or PSM-P2; group 1 and 2, respectively), autologous DC (group 3), or DC pulsed with PSM-P1 or P2 (group 4 and 5, respectively). No significant toxicity was observed. Immune reactivity against PSM-P2 was detected in HLA-A2+ patients infused with DE pulsed with PSM-P1 or -P2 (group 4 and 5). An average decrease in PSA was observed only in group 5. Seven partial responders were identified based on NPCP criteria + PSA. The excellent tolerance of this treatment approach, as well as the enhanced cellular responses, decreased PSA levels, and partial clinical responses in some patients suggests that it holds great potential in prostate cancer therapy.

2/7/29 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

09692213 98177558 PMID: 9516914

Expression of potential target antigens for immunotherapy on primary and metastatic prostate cancers.

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Clinical cancer research (UNITED STATES) Feb 1998, 4 (2) p295-302, ISSN 1078-0432 Journal Code: C2H

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Languages: ENGLISH

Document type: Journal Article

Record type: Completed

Defining the expression of tumor-associated antigens on primary and metastatic prostate cancer is the crucial first step in selecting appropriate targets for immune attack. In this study, the distribution of the tumor-associated antigens GM2, Tn, sTn, Thompson-Friedenreich antigen (TF), Globo H, Le(y), MUC1, MUC2, MUC3, MUC4, MUC5AC, MUC5B, MUC7, carcinoembryonic antigen, beta chain of human chorionic gonadotropin (hCG beta), HER2/neu, **PSMA**, and KSA on primary and metastatic prostate cancer and 16 types of normal tissues was compared by immunohistochemistry, using a panel of well-characterized monoclonal antibodies. Our results show that GM2, KSA, and MUC2 were strongly expressed on 8 or 9 of 9 metastatic prostate cancer biopsy specimens and, with **PSMA**, hCG beta, TF, Tn, and sTn, on 8 or more of 11 primary prostate cancer specimens. Tn, MUC1, and **PSMA** were expressed on 4-6 of 9 metastatic specimens. The remaining antigens were expressed on no more than three of nine metastatic specimens. Normal tissues were also tested with all antibodies. With regard to the eight antigens most widely expressed on prostate cancers, **PSMA** was not expressed significantly on any of the normal tissues except prostate epithelium. Tn, sTn, hCG beta, and MUC2 were detected on up to 3 of 10 types of normal epithelia. GM2, TF, MUC1, and KSA were more broadly distributed on normal epithelia, all primarily at the secretory borders. STn, KSA, and hCG beta were also detected in the testis, and GM2 was expressed on gray matter of brain. From the 30 antigens that we have screened, this study provides the basis for selecting GM2, TF, Tn, sTn, hCG beta, MUC1, MUC2, KSA, and **PSMA** as target antigens for specific immunotherapy of prostate cancer.